

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000224

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 46

STATE FILE NUMBER

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 10 days	c. CITY OR TOWN Kahoka Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Ellis Fischel State Cancer		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 561 Main St. Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Clyde Carder			4. DATE OF DEATH Month Day Year 1 21 63		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-82	9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and state or country) Rutledge, Mo.	
12. CITIZEN OF WHAT COUNTRY America					

13a. FATHER'S NAME H.B. Carder		13b. MOTHER'S MAIDEN NAME Helen (Carder)		14. NAME OF HUSBAND OR WIFE Loraine Frant Carder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Unknown		16. SOCIAL SECURITY NO. 3		17. INFORMANT Ellis Fischel Cancer Hosp. Records	

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of Stomach DUE TO (c) 6 Months		INTERVAL BETWEEN ONSET AND DEATH 5 Months
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11 Jan 63** to **21 Jan 63** and last saw her/him alive on **21 Jan 63**
Death occurred at **7:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Glass M.D.	22b. ADDRESS COLUMBIA MISSOURI	22c. DATE SIGNED 1/21/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN. 22, 1963	23c. NAME OF CEMETERY OR CREMATORY KAHOKA CEMETERY	23d. LOCATION (City, town, or county) (State) KAHOKA Mo.
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24. FUNERAL DIRECTOR PARKER FUNERAL SERVICE, COLUMBIA, Mo.	25. DATE RECD. BY LOCAL REG. Jan 22 1963	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address

Columbia MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.